

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REPUBLICAN NATIONAL COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. MR. RONALD E. MCCARLEY**

Mailing Address 1618 REMINGTON AVENUE  
APARTMENT B.

City State Zip Code  
SANDUSKY OH 44870-4464

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GOODWILL, INC.

Occupation

FACTORY WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2015

**Transaction ID : 2015M03L11AI00411**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR. RONALD E. MCCARLEY**

Mailing Address 1618 REMINGTON AVENUE  
APARTMENT B.

City State Zip Code  
SANDUSKY OH 44870-4464

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GOODWILL, INC.

Occupation

FACTORY WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2015

**Transaction ID : 2015M03L11AI00412**

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**C. MR. CHARLES L. ALLEN**

Mailing Address 919 2ND STREET  
P.O. BOX 248

City State Zip Code  
LACON IL 61540-1739

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ALLEN FAMILY LIMITED PARTNERSHIP

Occupation

FARM MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2015

**Transaction ID : 2015M03L11AI00413**

Amount of Each Receipt this Period

450.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

610.00